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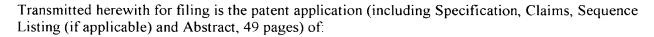
UTILITY PATENT APPLICATION TRANSMITTAL FORM (only for new nonprovisional applications under 37 CFR 1.53(b)

ASSISTANT COMMISSIONER FOR PATENTS

Washington, D.C. 20231

BOX: PATENT APPLICATION





Inventor(s): Dirk Inze, Gerda Segers, Lieven De Veylder and Vladimir Mironov

[] Continuation [] Divisional [X] Continuation-In-Part (CIP)

Prior application information: Examiner: C. Collins

of prior application Serial No. 09/381,150

For : METHOD AND MEANS FOR MODULATING PLANT CELL CYCLE PROTEINS AND THEIR USE IN PLANT CELL GROWTH CONTROL

**If a CONTINUING APPLICATION, please mark where appropriate and supply the requisite information below and in a preliminary amendment:

	Art Unit : 1638
Encl	osed are:
[X]	1 sheet of informal drawings.
[]	Signed Combined Declaration and Power of Attorney (pages).
[]	Copy of signed Combined Declaration and Power of Attorney (pages) from a prior application (1.63(d) (for continuation/divisional).
[]	Signed statement deleting inventor(s) named in prior application (pages) (1.63(d)(2) and 1.33(b)).
[]	Incorporation By Reference : The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied herewith, is considered as being part of the disclosure of the enclosed application and is hereby incorporated by reference therein.
[]	Assignment (pages) of the invention to
[]	Assignment Transmittal Letter.
[]	Certified copy of a foreign priority document.
[]	Associate power of attorney.
[X]	Applicant claims small entity status (See 37 CFR 1.27)

[]	Preliminary Amendmen	t (pages).

[] Information Disclosure Statement, form PTO-1449 (_____ pages) and _____ references.

[X] <u>UNSIGNED</u> Combined Declaration and Power of Attorney (3 pages).

[X] Statement in Accordance with 37 CFR § 1.821(f) and computer readable 3.5" Diskette.

[X] A self-addressed, prepaid postcard acknowledging receipt.

[] Other:

The Filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)		
FOR:	NO. FILED	NO. EXTRA		
BASIC FEE	XXXXXXXX	XXXXXXX		
TOTAL CLAIMS	28 - 20 =	8		
INDEP CLAIMS	5 - 3 =	2		
I I MULTIPLE DEPENDENT CLAIM PRESENTED				

^{*}If the Total Claims are less than 20 and Indep. Claims are less than 3, enter "0" in Col. 2

SMALL ENTITY

RATE	FEE
XXXX	\$355
x 9=	\$72
x 40=	\$80
x135 =	\$
TOTAL	\$507
	L

LARGE ENTITY

<u>OR</u>	RATE	FEE
<u>OR</u>	XXXX	\$710
<u>OR</u>	x 18 =	\$
<u>OR</u>	X80 =	\$
<u>OR</u>	x270 =	\$
<u>OR</u>	TOTAL	\$

- [X] A check in the amount of \$507.00 to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-1138. A duplicate copy of this sheet is enclosed.
- [X] Address all future communications to:

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Date: August 24, 2001

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